

PRV – Enrollment Processing Provider Changes

Purpose:

The purpose of this procedure is to process Change Requests received from Medicaid Providers

Identification of Roles:

Provider Enrollment Specialist

Performance Standards:

- a. Perform online updates to provider data within one (1) business day of receipt of the update.
- b. Maintain a 98% accuracy rate for online update transactions
- c. Identify and correct errors within one (1) business day of error detection

Path of Business Procedure:

Step 1: Receive the scanned provider change request from the mailroom in the OnBase PRV01 Queue

Step 2: Enter Keywords

- a. Select the scanned document and click on user task “Enter Key words”
- b. Enter the provider or National Provider Identifier (NPI) number, click submit
- c. Click on the “complete” user task-the document moves to PRV 03 Changes queue

Step 3: Is all the required information included on the request? Open PRV 03 Changes queue.

- a. Select a document to review
- b. The change request must include the provider or National Provider Identifier (NPI) number, tax identification number (ID) and be signed and dated
- c. If the change is complete, continue processing move to step 5
- d. If the change is not complete move to step 4

Step 4: Missing required information generate letter

- a. If the change is incomplete, generate a missing information letter to the provider, the document will move to the missing information queue.
- b. If the change is due to tax ID change, generate a letter notifying the provider that they must apply for a new Iowa Medicaid Provider number.

Step 5: All Required information included- Enter the change into the Medicaid Management Information System (MMIS)

- a. Use option “C” in the Provider Master File to change a provider
- b. Enter the legacy provider number

- c. Enter changes and press enter once to validate the change and press enter again to complete the update.

Step 6: Complete the document on OnBase

Click on user task “Complete” –document will move to the complete queue

Forms/Reports:

Quality Assurance Reports
Change Request Letter

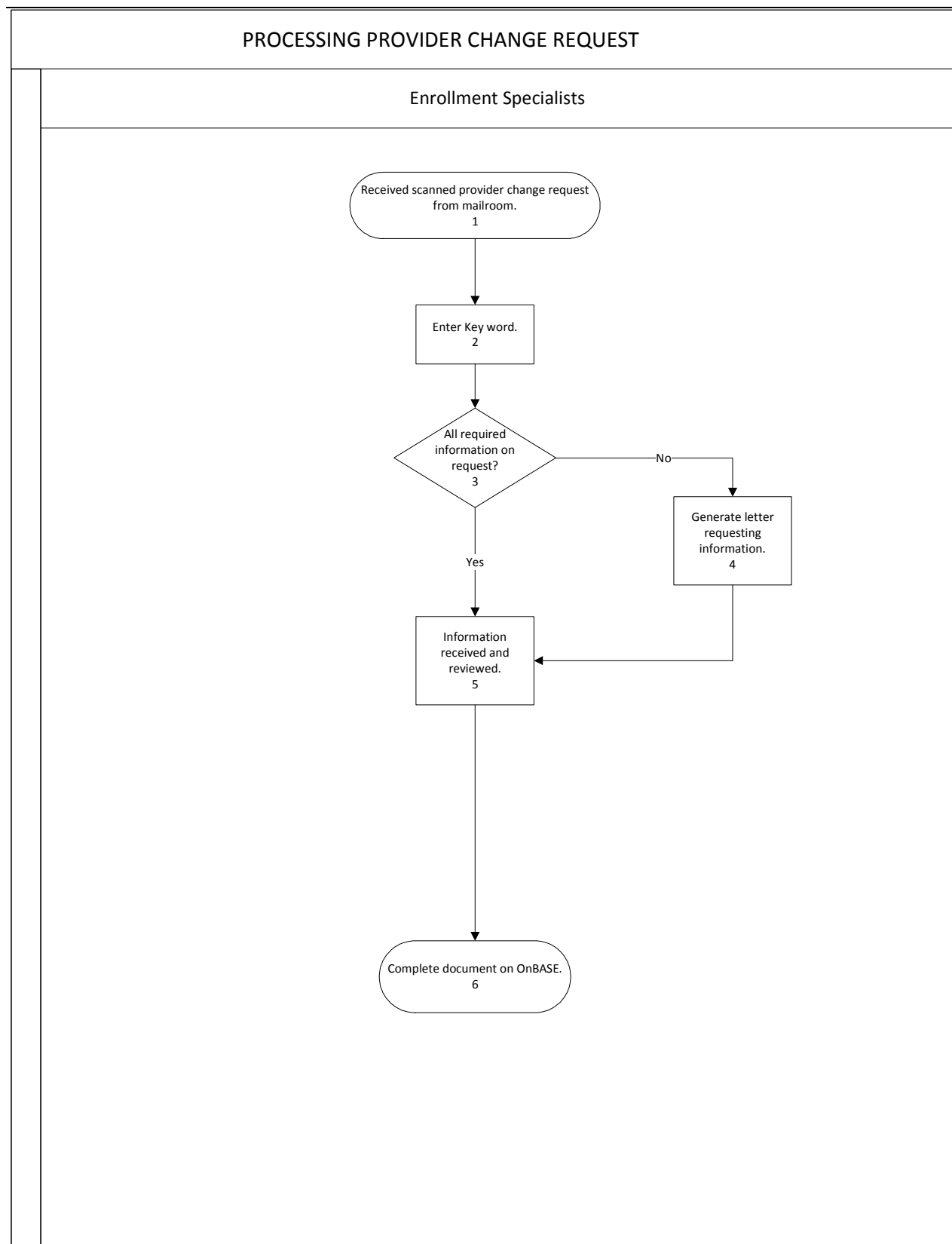
RFP References:

6.4.1.1.3.d

Interfaces:

OnBase
Core-MMIS
Providers

Attachments:



Attachment 2

Change Request for More Information

DATE

PROVIDER

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP CODE

RE: Your Iowa Medicaid Provider Enrollment Change Form Request

PROVIDER NUMBER

Dear Provider Name:

We are currently processing the change request form that you submitted under the above referenced provider number. We are not able to process the change for the following reason:

☐ The change request form is incomplete and missing the following information:

☐ The change request form does not contain an original signature. Please complete and sign and a new change request form. Return it for processing.

☐ You have indicated that your EIN or TIN has changed. You must terminate your existing provider number and enroll in the Iowa Medicaid Enterprise Program with your new EIN or TIN. Please complete and return the enclosed enrollment packet.

☐ Other _____

If you have any questions, please contact us at 1-800-338-7909 or 515-256-4609.